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Director, VISN 20
Testimony before the VA CARES Commission
Friday, October 3, 2003

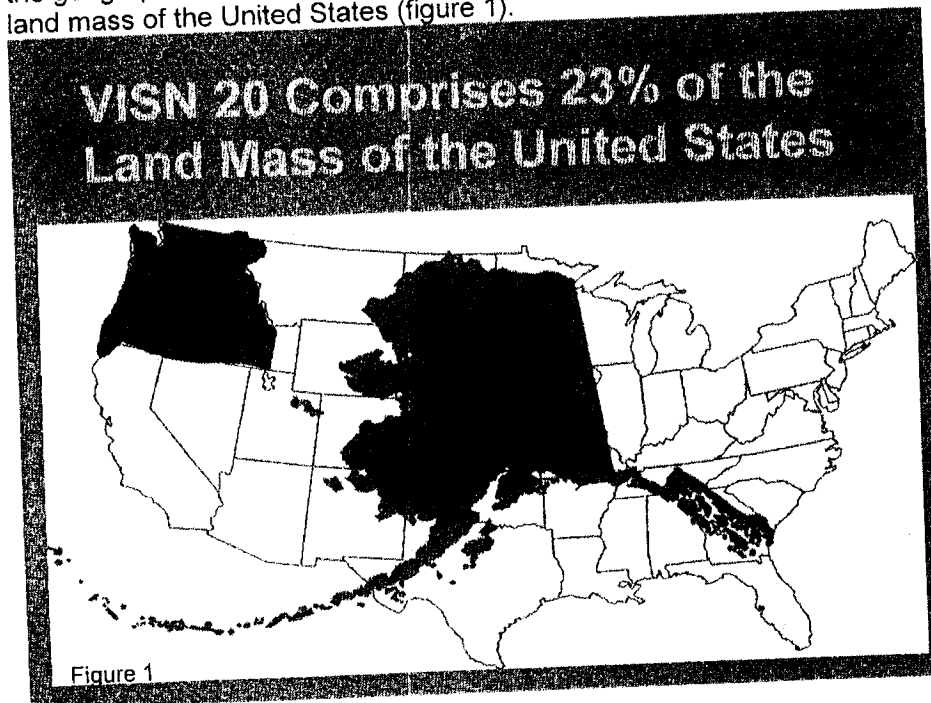
Members of the CARES Commission, on behalf of the Directors seated before you, the 8,000 employees they represent, and the more than 180,000 veterans they serve, welcome to the Pacific Northwest, and the VA Northwest Network, VISN 20. We are pleased to have the opportunity to speak with you this morning. Please allow me to introduce the other members of the panel: Dr. Jim Tuchs Schmidt, Director, Portland VA Medical Center that includes the Vancouver, WA, division, and the Southern Oregon Rehabilitation Center and Clinics in White City, OR; Dr. Max McIntosh, Deputy Director, at the Rehabilitation Center in White City; and Mr. George Marnell, Director, Roseburg VA Health Care System.

Outline for Presentation

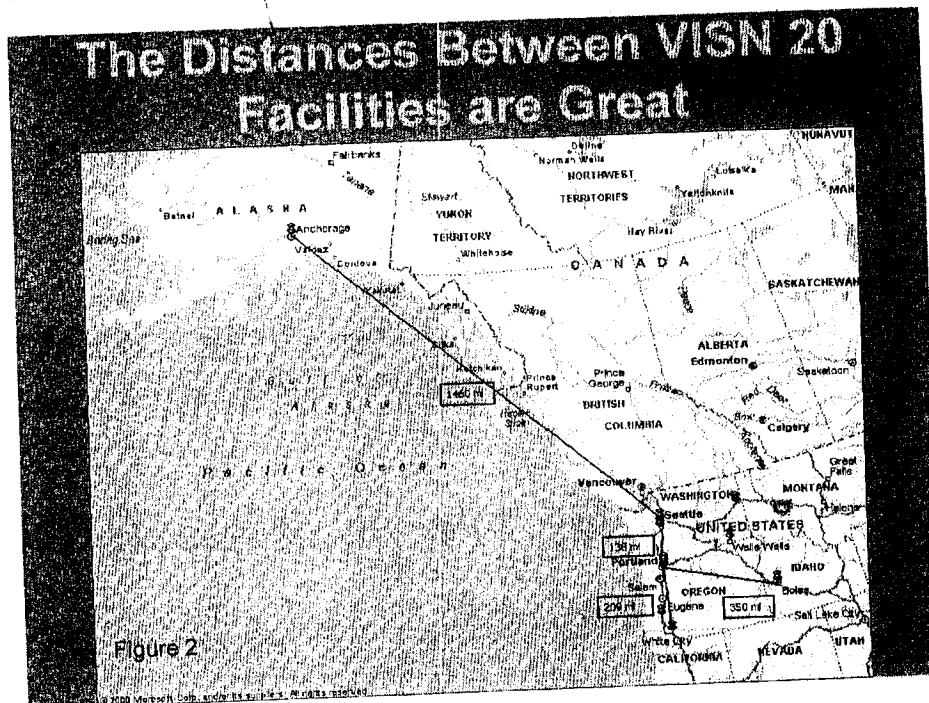
In my remarks this afternoon, I would like to briefly introduce you to VISN 20, the process that has been employed in our network in developing our plan, and then focusing on one of our 5 markets, the purpose of the hearing today, the Southern Oregon Rehabilitation Center and Clinics (SORCC) in the South Cascades (Oregon) market.

Introduction to VISN 20

VISN 20 is comprised of the states of Alaska, Washington, Oregon, and much of Idaho, and serves some patients from northern California and western Montana. With the geographic expanse of our nation's 49th state, our network encompasses 23% of the land mass of the United States (figure 1).

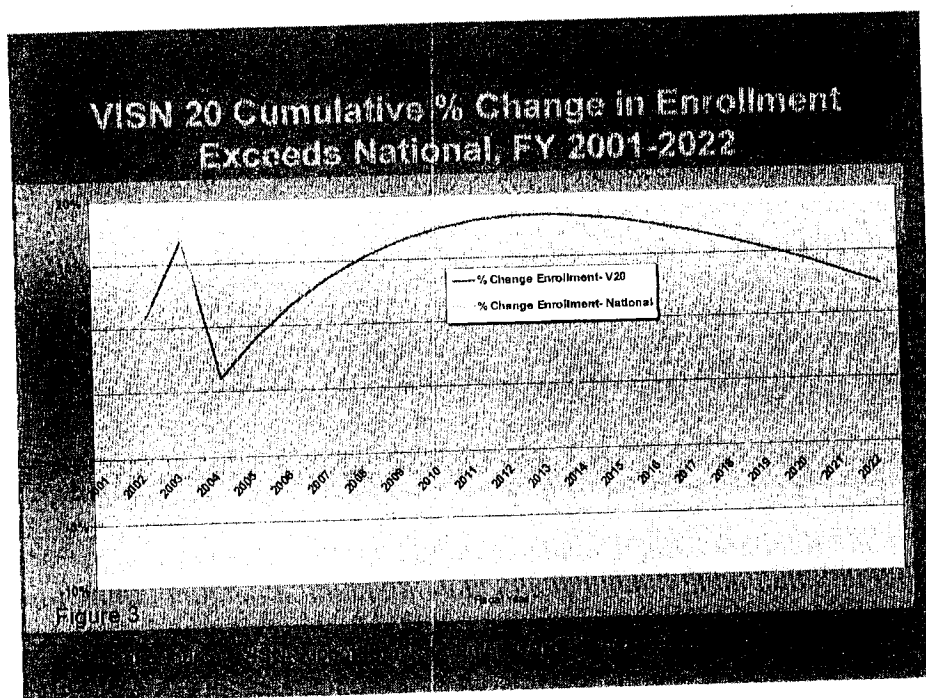


This presents many challenges to us, in that many of our patients must travel great distances for hospitalization and tertiary care, and even primary care. Distances between our facilities are measured in hundreds of miles (Figure 2).

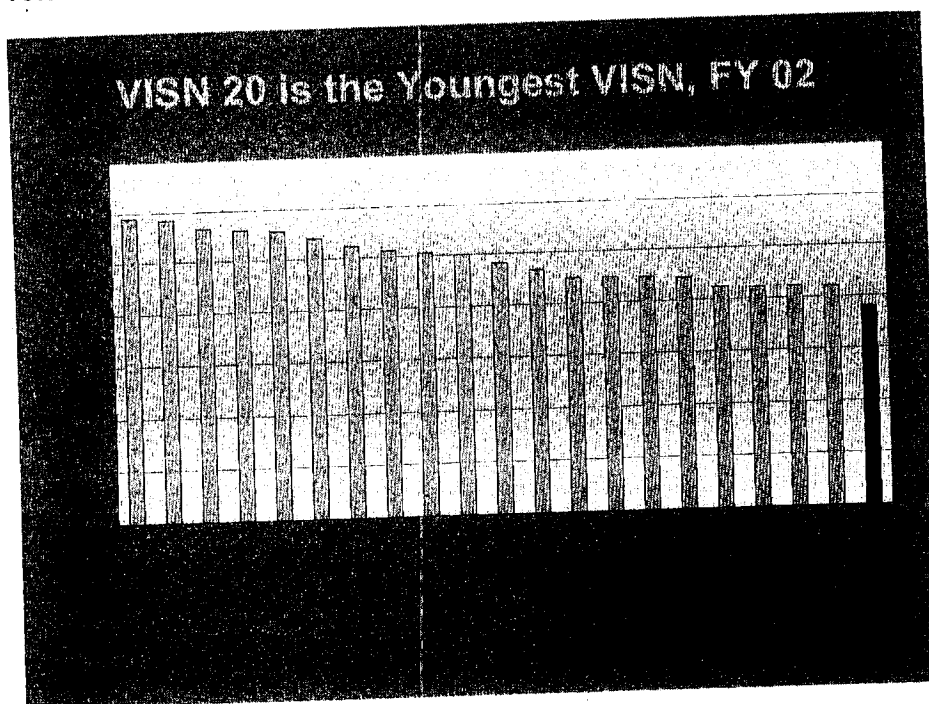


This has been the impetus for us to foster innovation with the use of the electronic medical record, and especially telemedicine/telepsychiatry, not only for communication among staff, but more importantly, for providing health services in such areas as dermatology, cardiology, mental health, spinal cord injury, and geriatrics. As the number of veterans we serve continues to grow in our mostly rural network, we will continue to be challenged with how best to provide care.

I would like to point out a few other characteristics of our demographics. One is that, while nationwide enrollment for veterans is projected to decrease by 2022, VISN 20 enrollment, after a slight decrease in FY04, will increase such that in 2022, it will be significantly higher than currently (figure 3).

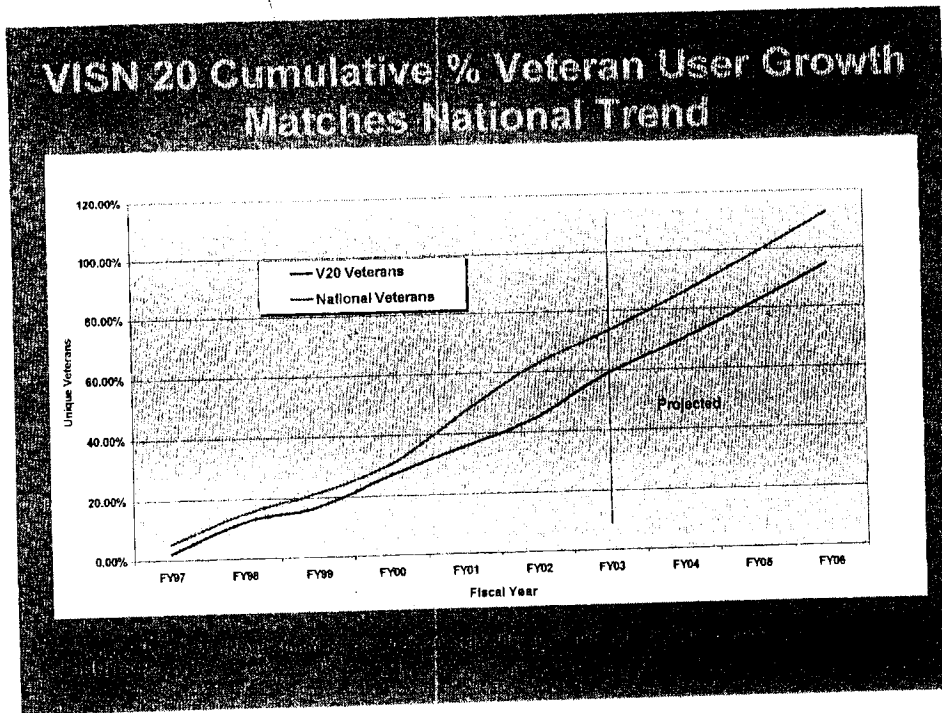


Second, is that our veterans are somewhat younger, i.e., approximately 40% of those veterans we are currently serving are age 65 and older.



Hence, the demands for geriatric and long term care, already of significance for us, will substantially increase over the next 20 years.

Third, as a network, our overall work, as measured by the number of unique veterans served, will increase by 50% by the end of this fiscal year (figure 4), and with current projections, will double in the next decade.



Fourth, while we have opened several Community Based Outpatient Clinics since 1997, the functional status of many of our buildings has not kept pace with the demand for services. Two-thirds of our buildings are over 50 years old (figure 5), and that includes 53 of the 62 buildings at White City.

VISN 20		Total Sq Ft		Age of Buildings					
Market & Facility	# Buildings	Total Sq Ft		10-19	20-29	30-39	40-49	50-59	60-69
Alaska Market									
Alaska VAHS&RO	5	55,400		0	0	3	2		
Inland South Market									
VAMC Boise	35	419,467		5	12	5	13		
Inland North Market									
VAMC Walla Walla	29	346,311		9	19	0	0		
VAMC Spokane	14	284,395		0	0	9	5		
South Cascades Market									
VAMC Portland									
Portland Division	17	1,006,679		0	3	0	8		
Vancouver Division	53	575,178			43	0	10		
VA Roseburg HCS	40	390,635		0	21	4	15		
VA SORCC	68	894,431		0	53	7	2		
Western Washington Market									
VA PSHCS									
Seattle Division	18	1,706,558		0	5	5	10		
American Lake Division	60	537,317		0	57	3	5		
Total for VISN 20	320	6,210,151		14	205	36	70		
Data Source: VISN 20 Building Summary, Space and Functional Database, 7/03.									

33 of our buildings (18 of them in White City) out of a total of 73 in all of VHA, are seismically unsafe (figure 6).

VISN 20		Total Sq Ft		Expected Result of Major Seismic Event		
Facility	Seismicity (VA Definition)	Exceptionally High Risk Buildings	Danger of Collapse	Heavily Damaged	Damaged	
American Lake	High	7	2	5	0	
Anchorage	Very High	0	0	1	0	
Boise	Medium - High	0	0	3	0	
Portland	High	4	0	4	0	
Roseburg	High	2	0	2	0	
Seattle	Very High	1	0	0	1	
Spokane	Medium - High	0	0	0	0	
Walla Walla	Medium - High	0	0	0	0	
White City	High	18	17	0	1	
VISN 20 Total		33	18	12	2	
VHA		73				
NOTES:						
Translation to Uniform building codes: Very High = Zone 4; High = Zone 3; Medium - High = Zone 2b						
VHA does not classify buildings in Medium - High seismicity areas as exceptionally high risk. The seismically deficient buildings are classified as high risk.						

Although VISN 20 has made concerted effort to renovate facilities at the Boise, Spokane, American Lake, Seattle, Vancouver and Roseburg campuses using the minor construction program, significant issues remain and must still be addressed.